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SUCCESSFUL REDUCTION OF A DISLOCATED RADIUS ON THE
FORTY-EIGHTH DAY.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

FREDERICK, aged 8 years, son of Wm. Park, was brought to me the 28th of April, 1852, with dislocated radius. The dislocation occurred from a fall on the 14th of March, 1852, at Redbank, N.J., and no attempt had ever been made to reduce it. A "hydro-pathic surgeon" was called at first to prescribe for the boy, but evaded a diagnosis and dispensed with all mechanical treatment. One month after the injury, when the swelling and tenderness had disappeared, the family found, to their dismay, that the boy had a deformed and useless arm. They carried him to New York city and consulted the surgeons at the City Hospital, who very readily detected the nature of the injury and the malpractice of the hydro-pathist, but adopted no treatment. For certain reasons of a domestic nature the boy was brought to this village, and placed under my care at the time above designated. I found his arm in the following condition.

The fore-arm was slightly bent, but could not be brought to a right angle with the humerus. The hand could not be made to move more than fifteen or twenty degrees on its natural arc. The arm could not be forcibly straightened, and when flexed, the head of the radius struck against the anterior surface of the humerus, suddenly stopping its motion. The hand was half way between pronation and supination, and neither could be fully accomplished. Placing the thumb in the hollow of the elbow, and attempting rotation of the radius, its head could be distinctly felt resting upon the coronoid process of the ulna, and pressing against the humerus in the hollow above the joint; more closely, however, impinging upon the *inner* side of the *external* condyle. A fulness and deformity existed for three or four inches in length over the humeral end of the radius. There was no tenderness nor pain about the joint, unless force was used to bend or straighten the limb. Two physicians of this village examined the patient, and concurred with me in favor of an attempt at reduction. Accordingly on the 1st day of

May, 1852 (the forty-eighth day after the dislocation), I made the attempt in the following manner. The patient being thoroughly etherized, the humerus was placed over the end of the back of a settee and there held firmly by a strong assistant. I then seized the hand in the manner of "shaking hands," as directed by Sir Astley Cooper, and made powerful extension upon the radius. This extension was kept up some eight or ten minutes, when the ability to *flex* and *extend* the fore-arm was found to be greatly increased. I then grasped the elbow with my left hand, still continuing the powerful extension with the other, and by firmly pressing with my thumb on the head of the radius, in a few minutes it slipped, with a rough and crepitating snap, into its place, at the same time the fore-arm was brought into a straight position. A splint was applied, and the arm kept in the straight position for ten days.

A good deal of inflammation occurred, which was subdued by leeches and cold lotions. Passive motion was then practised, and was continued by means of an angular screw splint for two months. The tenderness had now disappeared, although a little tumefaction and induration still existed over the head of the radius. The motions of the joint were perfectly restored, with the exception of extreme flexion. The *ung. hydr. iod.* was used on the joint for several weeks, and active use of the limb enjoined. Three years afterwards, this boy's elbow was without the least deformity, and was perfect in all its motions.

Within a month past I have been called by a neighboring practitioner to assist in diagnosticating an injury of the elbow, with great deformity, in a boy 13 years of age. The case proved to be dislocation of the radius backwards and external to the condyle. The same means for reduction were used as in the former case, with the exception that after due extension was effected, the fore-arm was flexed to a right angle, the hand supinated, and the limb thus fixed by a rectangular splint. In confirmation of the assertion so generally made by surgical authors that "these dislocations of the head of the radius are very rare," I may here state that these two cases are all that have occurred to me during nearly twenty years' practice. The *partial* dislocations of this bone are *not rare*, and have been quite frequent in my practice.

December, 1855.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. VIII.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

Cases of Erysipelas—(Continued.)

CASE XXII.—W—, musical instrument maker, native of Vermont, age 34. Came from Union street. Four weeks ago had

ophthalmia. Entered with erysipelas and mercurial sore mouth on the 1st of February, 1850. Got a dose of oil on entrance.

Feb. 2d.—Quite deaf. Tongue white and dry. Both eyes closed from swelling of the soft parts. The whole face, below the eyes, livid, swollen, and oedematous. No eruption behind the ears. Slight redness on the forehead. Pulse 96, full. Cold water to face. Quiniae sulphatis gr. i. every two hours.

Feb. 3d.—Delirious. Pulse 108 and small. Otherwise no change. To have half an ounce of wine every three hours.

4th.—Pulse 92. Eyes closed and discharging pus. Delirium continues.

5th.—Erysipelas passing down the neck and behind. Delirium continues. Pulse 100. Whole diseased surface to be painted with a solution of nitrate of silver in water (3ij. to the 3 i.)

6th.—No passage of the eruption beyond the painted surface. Pulse 92. Still delirious. Urine passed involuntarily.

7th.—Failed rapidly, and died this A.M.

CASE XXIII.—B—n, a Frenchman, formerly an auctioneer in this city. Has been resident in the house for two or three months. Probably over 70 years old. Very feeble, and since entrance has lived in what is called the male infirmary, a room adjacent to the male hospital, equally devoid of ventilation, cold, and foul to the sense of smell. In the night of Feb. 15th, 1850, had a chill.

Feb. 16th.—Saw him for the first time. Quite feeble. Unable to talk. No appetite. No difficulty of respiration. Passes his urine and faeces involuntarily. Whole face livid, shining and swollen. Skin of nose cracked, with serum oozing from its surface. Tongue dry. Pulse 100, small. To have quiniae sulphatis gr. i. every two hours, and half an ounce of Madeira wine every three hours.

17th.—Delirious. Eyes closed by the increase of swelling. Pulse feeble, irregular and cannot be counted. Has taken brandy in the place of wine. Continue quinia every hour, and half an ounce of brandy every three hours.

Feb. 18th.—Failed.

19th.—Died at 9 A.M.

CASE XXIV.—A. T., stone cutter. Temperate. Entered from city night of Feb. 16th. Erysipelas began two weeks ago, and is disappearing. Discharged well Feb. 22d.

CASE XXV.—*Erysipelas accompanying Varicella.* — Henrietta Chestnut, six months old, residing in the lower entry of the house, after slight febrile paroxysm, broke out with varicella on the morning of Feb. 19th, 1850.

Feb. 21st.—One of the vesicles on the inner side of the left calf has become pustular, and from it erysipelatous inflammation has begun to radiate. This morning it covers the whole leg from the malleolus to the upper third of the limb, which is dark-red and swollen. The surface to be surrounded by a line drawn with nitrate of silver. To have one eighth of a grain of quinine and one ounce of Madeira wine every three hours.

22d.—Vesicles have not become pustular. Erysipelas has crossed the line. Repeat the nitrate, and continue treatment.

23d.—Vesicles diminishing in size. Erysipelas has again crossed the line, reaching to the toes below, and to within an inch of the hip-joint above. Sleeps well.

24th.—The vesicles are hardly perceptible. Erysipelas covers the whole extremity and nates of the left side. There is also a small patch on the right calf. The left knee has regained its natural color. Cover the surface, wherever the erysipelas shows itself, with tincture of iodine.

25th.—No extension on the left side. On the right it is extending. Repeat iodine, &c.

26th.—No extension of eruption in any direction. Fading in centre. A few new vesicles of varicella appearing on the face. The left foot very much swollen, on which account it was scarified with the lancet. Treatment to be continued.

27th.—No vesicles. Eruption of erysipelas disappearing. Died at 5 P.M.

CASE XXVI.—Alice C., Irish, aged 19, came from Walham and admitted to hospital Feb. 27th, 1850, with amygdalitis.

Feb. 28th.—Had severe headache and foul tongue with thirst. Got an emetic.

March 1st.—Erysipelas of right ear. Headache. Pulse 124. To have gr. i. of sulphate of quinia every three hours, and beef tea *ad libitum*.

2d.—Pulse 120. Disease not extending.

3d.—Pulse 124, feeble. Erysipelas extending forwards upon cheek.

4th.—Pulse 116, feeble. Erysipelas covers the lids of both eyes and has appeared on the left elbow. All the parts are much swollen. Tongue yellow and dry. Delirium at night. Increase the quinia to a grain every hour.

5th.—Pulse 104 and very feeble. Has taken since last visit half an ounce of wine every two hours, in addition to the medicine. No increase of the eruption. Continue treatment.

6th.—Pulse 96. Erysipelas on arm disappearing, not extending on face. Tongue moist and cleaning at the edges.

7th.—Face desquamating fast. Pulse 72. Omit medicine.

8th.—Yesterday P.M. Mr. Shaw reports the pulse began to fail in strength and increase in frequency. The treatment was renewed and the patient rallied. At 10 A.M. to-day, pulse 64, of good strength. Feels comfortable.

10th.—Up and dressed.

13th.—Discharged well.

CASE XXVII.—Mary D., Irish, aged 40, entered Female Hospital from 17 Washington Square, on the 1st of March, 1850, with erysipelas of right ear, cheek and eye, which is nearly closed. Disease extending into scalp. Has been sick since night of Feb. 26th; has headache and a feeble pulse of 96. Dejection to-day. Has

had no treatment. To have two grains of sulphate of quinia every six hours, and the part to be painted with tincture of iodine.

2d.—Disease has extended to the other side, covering about an equal extent of surface. No delirium. Pulse 72. Continue treatment.

3d.—No pulse to be felt at wrist. Pulse at heart 60, and feeble. Eyes nearly closed. Face much swollen and dusky.

4th.—Erysipelas has not extended. Had a good night. Pulse 76, but not to be felt in either artery, in either wrist.

5th.—Same.

6th.—Decided improvement. Eyes open. Face not excessively swollen. Skin peeling off.

7th.—Pulse at wrist 64. Feels well. Continued to improve.

March 13th.—Discharged from treatment.

CASE XXVIII.—Mrs. A., English, aged 60. Sick in lower entry of house since night of Feb. 28th. Removed to Female Hospital, March 3d, 1850. Says her illness commenced with sore throat. Now, no soreness of throat. Pulse rapid and feeble. Tongue yellow in the centre and dry; clean at tip and edges. Today, erysipelas of right side of nose and right lower eyelid began. No dejection for several days. Surround erysipelatous surface with tincture of iodine. To have three grains of sulphate of quinia every six hours. To take immediately ten grains of pil. aloes and myrrh. Broth and beef tea *ad libitum*.

March 4th.—Pulse 116, feeble. Erysipelas covers both eyes and nose, and is extending into hairy scalp. Was delirious last night and is wandering occasionally to-day. Continue treatment.

5th.—Delirious. Pulse 116. Face very livid and much swollen. Continue treatment.

6th.—Pulse 116. No extension of disease. Both eyes closed.

7th.—Pulse 96. Tongue cleaning. Eyes open. No delirium.

8th.—Pulse 100. Occasional delirium. Eyes closed again. Change cannot be accounted for, as the treatment has been the same from the first.

9th.—Erysipelas on back of neck. Her chin is the only part of the head not now affected. Pulse very rapid and feeble. Skin cold. To have half an ounce of wine every two hours in addition to other treatment.

10th.—No delirium. No extension of the disease.

13th.—Has been stationary for two days. Skin of face desquamating. Erysipelas over both deltoid muscles, and descending on the outer surface of left shoulder into the axilla. No dejection for four days. Pulse 92, very feeble. Skin cool. No delirium. To have two compound cathartic pills.

14th.—Erysipelas appearing on small of back and on thighs. Pulse 92.

15th.—No increase of disease. A little delirium.

16th.—Face desquamating freely. Tongue dry and hard. Refuses wine. Asks for boiled ham, and will take no other food be-

cause she cannot bear it. No dejection as yet. To have ten grains of pil. aloes and myrrh, followed in two hours by half an ounce of castor oil. Had six dejections in two following days.

March 21st.—Reports that she does not sleep. Lies with her head beneath bed-clothes. Talks incessantly and incoherently. Irritable at times, and again laughs and is good natured. Refuses food. Omit medicine and substitute one quarter of a grain of sulphate of morphia, to be repeated if necessary p. r. n.

22d.—Slept quietly after one dose of morphia. Has eaten heartily this morning. More reasonable, but still wandering.

23d.—Pulse 92. No dejection for two days. Sleeps better. To have half an ounce of castor oil.

28th.—Skin is almost relieved of the appearance of the disease. Remained, however, under treatment up to April 6th. Still maniacal.

CASE XXIX.—Maria J., Portuguese. Inmate of house. Admitted to hospital March 12th, 1850, with erysipelas. Has had sore throat for three days. Began to complain last night of heat and soreness about eyes. There was slight edema about the left eye then. Now, erysipelas about both eyes. Left much swollen and closed. Tongue moist and covered with a white coat. Pulse 92, feeble and soft. To have six grains of sulphate of quinia every six hours.

13th.—Pulse 96, moderately strong. Eruption not extending. No headache.

14th.—No increase of disease.

17th.—Improving. Can open left eye. Omit quinia.

20th.—Discharged.

CASE XXX.—Alethea W., aged 25. Entered from the city on the evening of March 20th, 1850. Erysipelas began two or three days since. On her entrance Mr. Shaw gave a grain of sulphate of quinia, to be repeated every two hours.

21st.—Pulse moderately full and strong. Has had no dejection for a week. Cheeks, nose and lower eyelids swollen with erysipelas. Quinia to be continued, and castor oil and turpentine to be taken.

22d.—Pulse 96. No delirium; no headache; hears well. Erysipelas covers the whole face and extends into the scalp. Face very much swollen. Eyelids closed. Treatment to be continued, and solution of sulphate of iron to the face.

23d.—Eyes open. Disease extending down so as to cover the neck in front as far as the clavicles. By blunder of the watcher she got one ounce of the solution of sulphate of iron, equal to fifteen grains of the salt, in place of the quinia. Pulse 96, full. Disease decreased rapidly from this date.

March 30th.—Discharged.

CASE XXXI.—Mrs. B., aged 40. In Female Hospital a week on account of vomiting, nausea and constipation. Had experienced but little relief. Was discharged from the House of Correc-

tion within a few weeks, where she had been for drunkenness. For several days past has been troubled with mania a potu, and her nights have been rather sleepless. Brandy and water have been used with some success.

March 21st, 1850.—Nurse reports that she has had a better night and was less talkative. No dejection for two days. Complains of pain in head, left ear and under left side of jaw. Left ear swollen. Pulse 100, full and strong. To have castor oil and turpentine, and afterwards ten grains of sulphate of quinia.

22d.—Four hours after the quinia her headache was less. There was no ringing in the ears. The cathartic operated thoroughly. Pulse 144 and small. Complains of great headache. No vomiting. Has been delirious at intervals. The erysipelas covers the left ear, angle of the jaw, and at least one third of the left cheek. To have a grain of sulphate of quinia every two hours, and half an ounce of wine every hour.

23d.—Slept little last night. Occasional delirium. By same blunder as in case XXX. got fifteen grains of sulphate of iron, in solution, instead of quinia. Tongue black, but moist. Pulse as yesterday. Erysipelas covers left ear and cheek and the hairy scalp, leaving the right cheek and forehead free.

26th.—Whole face swollen and purple with erysipelas, which is evidently increasing. Increase quinia to two grains at a dose.

28th.—Quite delirious. External signs of the disease abating.

29th.—Pulse 92. Skin peeling off.

31st.—Pulse 108. Tongue dry and cracked.

April 1st.—Quite cold. Pulse 92, very feeble. Tongue dry and cracked. Respiration stertorous. Easily roused.

4th.—Has continued in much the same condition. The disease has appeared on the left elbow, and the joint is full of fluid.

5th.—Quinia stopped, as it is beginning to nauseate the patient. She is much reduced, and haggard. Tongue dry. Delirium less. To have an ounce of wine every hour.

8th.—Has been improving. Delirium has ceased. Opened a large abscess on left olecranon, which gave issue to two ounces of bloody pus.

10th.—Opened an abscess on the vertex. Mind clear.

12th.—Still improving. Opened another abscess on occiput, and in the left elbow a second one.

To April 16th, constantly improving. This day, the abscess in the left elbow extending upwards, it was laid open the length of the diector.

19th.—Very comfortable. By order of the Overseers of Cambridge, was removed to that city.

TINCTURE OF IODINE IN ORCHITIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—If you think the following cases would be of service to your readers, they are at your disposal.

CASE I.—Mr. A. called on me Sept. 4th, complaining of severe pain in right testis. On examining the case, I learned that for three or four weeks he had been troubled with gonorrhœa, and had been taking medicine from a druggist wholly ignorant of the real nature of the disease. The discharge from the urethra stopped suddenly, and the testis commenced swelling ; at the time I saw the patient, it was of the size of a large goose-egg. The spermatic cord was also very much swollen. I applied the tincture of iodine, and ordered a cathartic, rest in bed and a hot fomentation of hops. The next morning the tenderness was removed and the swelling reduced one half. I applied the iodine again with a small brush, and continued the hops ; on the third day there was no pain, the swelling was almost gone, and the discharge from the urethra re-appeared, but yielded to a few injections of a solution of nitrate of silver, and the patient was well in one week.

CASE II.—Sept. 19th.—Mr. C. called on me, complaining of great pain in the testicle and spermatic cord, both of which were very much swollen. He said he had fallen upon the corner of a box. There was no appearance of gonorrhœa. I applied the tincture of iodine, and ordered rest in bed, with a dose of salts and senna, and a fomentation of hops to the testis, to be changed frequently. The next day there was no pain, except on pressure, and the swelling was reduced one half. I continued the treatment as before. On the fifth day the patient was well.

CASE III.—Mr. D. called on me with orchitis resulting from a gonorrhœa badly treated by a druggist with strong injections. The discharge from the urethra stopped, and the testis became very painful and much swollen. I applied the tincture of iodine, ordered rest in bed, a brisk cathartic, and a hot fomentation of hops. The swelling subsided, and the pain ceased in twelve hours. The next day the discharge from the urethra re-appeared, which readily yielded to treatment by injections, and the patient was well in one week.

CASE IV.—Mr. E. called on me Nov. 28th, with swelled testis, the result of quack treatment of gonorrhœa. I applied the tincture of iodine, and ordered rest in bed and the hop fomentation, with the same success as before. I applied the iodine with a small brush, once a day. The iodine caused a considerable exfoliation of the cuticle. I was led to this use of iodine from the good effects I have often witnessed from it in cases of erysipelas. I have known of cases of orchitis lasting a long time under the common treatment, and I am unable to say how much good the iodine did ; but I am disposed to believe that it was the chief agent in effecting a cure. Will some of our brethren try it ?

ISRAEL N. SMITH, M.D.

Haverhill, Mass., Dec. 7th, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

AUGUST 27th. Glandular Growths out of, or at a distance from, Glands.
Dr. HENRY J. BIGELOW made the following remarks for the purpose of "taking date" in reference to certain observations.

Formerly, many tumors obtained, indiscriminately, the name "*glandular*"; subsequently, the term "*fibro-plastic*" was introduced as designatory of the same class; but finally, many thus called were found really to possess glandular structure. Lebert described certain growths as "*hypertrophied glands*;" the structure being like that of the *secreting glands*; botryoidal; irregularly lobulated, though imperfect in ducts. This title does not sufficiently characterize the sort of tumors referred to. Tumors beneath the ear are apt to develope this glandular structure; in the mammary glands, nodules of it may often lie deeply imbedded. In masses thus formed, it is not unnatural to suppose that the new growth might take on the same formation which belongs to the gland, in, or near to, which it is developed. Another, different growth, of a more *pervading* description, has been styled glandular; the tissue of the gland in which it arises, is apparently infiltrated with the new growth. Dr. B. said that some years since he had reported instances of the former variety of growth being found *at a distance from any gland*; and, consequently, in no wise associated with glandular structure. He had observed this in the cervical region; and three years ago he removed a tumor from the *soft palate*, which exhibited a distinctly glandular formation. From its situation we have a direct proof of its independence of glandular tissue in the natural state. A still stronger case is the occurrence of a mass of this glanduliform structure within the diseased shell of a lower jaw-bone which Dr. B. had removed. He had, in a third case, removed the same tissue from the antrum.

Dr. Bigelow remarked that he had mentioned his views, incidentally, to Dr. HASTINGS, of California, who told him that M. ROBIN, with whom he had been lately studying, had conceived the same idea of there being certain *extra-glandular growths*. Since then, Dr. B. had seen a statement in one of the French journals of these views of M. Robin. But he had now to report a still more remarkable phenomenon, viz., *true glandular structure occurring in a case of melanotic cancer on the instep*.

Within a fortnight, a man came to him with a tumor upon the instep; small; about the size of an almond; with two black points upon it. Dr. B. had some suspicion of its being *melanotic*; on its removal, he found it to be unequivocally of that nature; but under the microscope, its structure was also *glandular*; yet it was, also, cancerous. Recurrence of the disease, after fifteen years, had taken place in this patient, who, at first, had it upon one of his toes, and which was then amputated. It was thought by one of the surgeons who attended him to be "*dry gangrene*"; by another, it was pronounced "*cancerous*." This same patient has a diseased gland, of the size of a pullet's egg, in the corresponding groin. Dr. Bigelow supposes it to be *melanotic*.

Dr. SHAW said that M. Robin, in the article alluded to by Dr. Bigelow, had lately reported to the Parisian Academy the discovery of extra-glandular tumor eight times in five hundred and fifty cases of promiscuous tumors.

AUGUST 27th. Disease of the Heart, Dropsy, Pleuritic Effusion; Thoracentesis; Death; Autopsy.—Dr. BowDITCH gave the following account of the case.

Mrs. ——, 40 years of age, American, for the past few years resident in the State of Illinois, had never had any long illness previously to the present one. From her early years, however, she has been easily "put out of breath" on exertion, or on going up stairs, and was somewhat asthmatic. There was some palpitation of the heart for months before this attack.

The existing illness began last January, after driving for several miles during a very stormy night. She was exhausted, and extreme dyspnoea came on just after her arrival at her own house; there was, also, an unusual degree of palpitation. For the two or three days succeeding this, she attended to extra family duties, but with increasing dyspnoea. Cough began towards the last of March, and by the first of April was very severe, accompanied, at times, with profuse frothy expectoration. There was pain in the left side and she was unable to lie upon it. Under medical care she slowly improved, but in May last, after exposure, she had a relapse, from which she had but partially recovered, when, about five weeks since, she determined to leave Chicago. She bore the journey with much difficulty, and on her arrival was nearly exhausted; the dyspnoea became so intense as wholly to prevent her assuming the recumbent posture; there was also excessive palpitation of the heart from the first of her illness. She had taken but little nourishment, but had drunk (as Dr. B. subsequently heard) enormous quantities of brandy and laudanum, daily, and from the commencement of the attack; she had, for years, been addicted to the use of laudanum. There had been some pain in the left side of the thorax; her appetite was wholly lost, although it improved, somewhat, during the journey; her bowels were regular. She had had decided œdema of the legs and a slight degree of swelling of the abdomen.

When Dr. Bowditch first saw her, she was sitting up, and in great agony from difficulty of breathing; her countenance was somewhat livid; her legs were enormously swollen, and a serous fluid was exuding from them in large quantity from acupunctures made by her husband. Her pulse was at 96, very obstructed in its motions. The mind was somewhat weakened. On percussion the whole of the right chest was flatter than the left, and there was complete dulness below the angle of the scapula, changing with the change of posture. No respiratory murmur heard over the right chest; some distant crackling in the right back, on full inspiration. Respiration puerile and pure over the whole of the left side of the chest. The sounds of the heart were exceedingly rapid and entirely wanting in rhythm; no distinct bellows-murmur. The cardiac impulse corresponded to the above-named sounds, but was feeble. Dulness over the region of the heart rather more extended than normal.

The patient was evidently destined to die if she remained in the condition just described; there was absolutely no hope, under such circumstances, nor indeed could there be any reasonable expectation of an *entire* recovery from what was undoubtedly an organic disease of the heart, even if relief from the immediately urgent symptoms were procured. Nevertheless, it was thought there was reasonable ground for believing, that if the fluid accumulated in the thorax were removed, a temporary relief would be procured, and possibly a return of comparative health might be realized.

On recurring to his notes, Dr. B. said he had found that having punctured the chest ninety-one times within the past few years, he had never seen any immediate evil result, and there had always been a temporary relief if fluid had been drawn off. Accordingly, Dr. B. suggested the operation. It was performed on the 22d of August, in the afternoon, the puncture be-

ing made between the eighth and ninth ribs, below the angle of the scapula ; eighteen ounces of yellow serum were removed. This quantity was less than he had expected to take away, but the patient complained, from the moment of the trocar's passing between the ribs, of a severe pain, shooting to the front of the chest. This increased to a great degree, and the already highly nervous condition of the patient seeming to be very much aggravated by it, Dr. B. finally desisted. The trocar being withdrawn, the patient, in about half an hour, appeared like a different being. The pain had subsided ; the respiration was much easier ; the whole aspect of the countenance was altered from that of horrible anguish to that of comparative ease. Dr. B. directed one half an ounce of brandy three times daily, with fifteen drops of tincture of opium, to be repeated as often as needful, if there were severe pain ; but it was advised that neither the brandy nor the laudanum should be used so freely as they both had been up to the period of the operation. If suffering during the night, she was directed to send for Dr. C. ELLIS.

About half an hour after Dr. B. left the room, the patient was seized with a most violent pain in the right *iliac* region. This soon became very excruciating, and she begged for brandy and laudanum. Both were given, as directed, but less freely than the patient wished for. The night was passed in great distress and she suffered fearfully from orthopnea. Dr. Ellis saw her about 4 o'clock in the morning of the 23d of August, and prescribed valerian and ammonia, she being then in a highly nervous state, but not, as he thought, in immediate danger. The symptoms, however, continued to increase in severity, and when Dr. B. saw her at 8 o'clock, A.M., she was livid, sweating profusely, the hands and feet were cold and the pulse scarcely perceptible. Brandy and laudanum were now allowed in accordance with the desire of the patient. (Dr. B. subsequently learned that, previously to his visit, the patient had taken, contrary to the wishes of her attendants, about one half a tumbler of brandy.)

During the half hour ensuing, she took from sixty to seventy drops of laudanum, with great diminution of the distressing symptoms. She however gradually sank, and died in a few hours.

Autopsy, at 8 o'clock, A.M., of August 24th ; Dr. Ellis assisting.

Great lividity of the face, left shoulder and back. No inflammatory appearances about the point of puncture, nor, indeed, anywhere else. The trocar had perforated the pleura, and within the thorax there was a quart of yellow serum, without a trace of pus or lymph. The *pleurae* were congested, generally, as were other parts, apparently from obstruction, not from inflammation. Numerous little old ulcers, superficial, and about a line in diameter, were noticed upon the costal surface. The point of puncture had been chosen below the angle of the scapula, and a probe, passed through it, to the depth of an inch or more, into the thoracic cavity, was two inches above the highest part of the diaphragm, and about the same distance from the lung, which was bound down, in a rounded, lobulated form, to the vertebrae. The *diaphragm* and *lungs*, carefully examined, presented no signs of laceration from the trocar.

The lung, on removal, seemed healthy, but could be only partially, and with difficulty, inflated. It had a smooth, pale, polished aspect, owing to a dense, thin membrane which extended over the whole of it. On incision, the substance of the lung was found to be healthy. The right lung crepitated everywhere. There were a few old adhesions at the back part of it. On incision, it was found normal, and was not greatly congested.

The heart was quite large; a little fluid was found in the pericardium. A white patch of old lymph upon the surface of the left ventricle; no marks of recent inflammation. The right cavities were enormously distended with black, grumous blood. The left auricle was twice as large as in health, while the left ventricle seemed rather smaller than usual. The mitral valve consisted of a bony slit, about one inch long and one or two lines in breadth. The fore-finger would not pass through it. The other valves were not particularly morbid.

The liver was rounded at its edges, granular and deeply congested.

Intestines distended with flatus, but not a trace of inflammatory action was found anywhere in the peritoneum, and nothing to account for the severe pain in the iliac region.

Kidneys small; not very morbid, but somewhat congested.

Uterus of medium size; ovaries hard and white.

Dr. B. remarked that he reported this case principally because it was the first time, after over ninety operations, that he had seen death occur so soon after thoracentesis. The autopsy revealed the fact that no laceration of any important internal organ had been made by the trocar. The death was explicable only upon the supposition of the effect produced upon a "brandy-legged" constitution, which was nearly worn out by the combined effects of the cardiac disease, the fever consequent thereupon and the previous habits of the patient. Perhaps it would have been wise to have used the brandy more frequently than was done after the puncture; but as he had ordered laudanum *pro re nata*, and half an ounce of brandy three times daily, Dr. B. had no reason, *a priori*, to think that the patient would want for stimulants. If called to a similar case, he would undoubtedly feel obliged to act in a like manner; except that he would leave the giving of stimulants more discretionary with the attendants.

The absence of distinct bellows' murmur with obstruction of the mitral valve, and the want of rhythm in the action of the heart, were in accordance with the writings of authors and with Dr. B.'s own experience.

AUGUST 27th. *Panama Fever, its best treatment, &c.* Dr. BETHUNE said that he had lately attended a patient with this disease; he had never, previously, seen a case. The patient crossed the Isthmus of Panama on the first days of the present month and embarked immediately; he was first attacked with chills, and has since had fever of a remittent form. After a time this began to assume an intermittent character. Dr. B. asked, what is considered the most approved treatment; and if it were best to give quinine before the fever became decidedly intermittent, after having been originally remittent? He referred to the deceptive nature of the fever and its liability to recur—this is its reputation universally.

Dr. BIGELOW, Sen., thought that the treatment must depend upon the character of individual cases; the form of fever in certain of these patients is closely akin to *yellow fever*; there are those, even, who die with "*black vomit*" in what is termed "*Panama fever*," and in a few days after the attack. In others, the form is perfectly intermittent, yet attended with yellowness of the skin. Such cases as these last, Dr. B. has found to recover under quinine; and he would submit that in Dr. Bethune's patient that remedy would be of service.

Dr. COALE remarked that he had had several cases of *Panama fever*; it so happened that he once had three under treatment at the same time. Experience has taught him that quinine should be given as soon as the bowels are thoroughly cleared. In one instance where the feverish action ran high,

and he could hardly believe that quinine would be beneficial, it answered the purpose admirably. As Dr. Bethune had stated, this fever has the just reputation of being exceedingly deceptive in its nature, and patients should be carefully watched. Recurrence is not infrequent. Dr. C. has used the extract of dandelion largely in recovery from this fever, continuing it until the tongue is permanently clean. He believes it in the end equally efficacious with blue mass, and leaving no bad effects. The liver in most, if not all cases, requires this attention.

Dr. STORER said there were at this time two patients in the Massachusetts General Hospital with Panama fever. One has had chills; the other, none. Both are doing well upon *quinine*. There are generally a few cases of this affection at the hospital every year. During four months of his attendance there have been six cases.

Dr. BLAKE was sent for by the friends of a man who had this disease. The patient told him that he was not in need of his services; that he could treat himself with *quinine* and had no fear of the result. This treatment is universally adopted in California and on board the transit steamers.

AUGUST 27th. *Mucus in tubular form passed from the Bowels.* Dr. ELLIS exhibited this to the Society. It was sent by Dr. INCHES, and had been passed *per anum* by one of his patients, a female, who had lately been confined, and who had done well with the exception of some trouble with her breasts. There had been no affection of the bowels, but the discharge of mucus was preceded by slight nausea and accompanied by a sensation as if something were passing with difficulty. The mucus was of dense consistency and formed into a tubular shape.

Dr. BIGELOW, Sen., asked if injections had been given in the case of this patient? Any enemata will, in certain persons, cause the passage of similar mucous tubes.

Dr. Ellis stated that no enemata had been given or required.

SEPTEMBER 10th. *Prolapsus Uteri; Ulceration; Replacement of the Organ; Abortion.* Reported by Dr. STORER. A female patient, now at the Massachusetts General Hospital, was confined in November last. After a long illness, her child died in April. The mother was much exhausted by her watching, and suffering also from uterine derangement, entered the hospital a few days since. The *cervix uteri* was found elongated to the extent of from two and a half to three inches, and the organ itself prolapsed. The os, which protruded from the external organs, exhibited an ulcer an inch in diameter; this had been cauterized previously to her entrance, and presented, generally, a healthy aspect. As it could not but be irritated by the external air, and the hairs which were lying upon it, the prolapsed organ was reduced; and the patient, who had previously been sitting up, ordered to bed. The following night the house physician was summoned to attend her while suffering severe pain; and a foetus of three and a half to four months was expelled.

Bibliographical Notices.

Transactions of the American Medical Association. Vol. VIII. Philadelphia: Printed for the Association, by T. K. & P. G. Collins. 1855. Pp. 763.

To judge by the bulk of the volume which we have within a few days received, we should say that no less industry has been at work during the

year than has characterised previous issues. From personal knowledge we can testify both to the zeal and harmony which pervaded the large assembly of delegates last May, and we have already expressed our acknowledgments for the elegant and appropriate reception awarded to the Association by their brethren of Philadelphia.

The various reports contained in this year's Transactions are certainly second to none in importance and practical value. While it is impossible for us to present an adequate idea of any one of them, we can truly say that all command the admiration of the profession and show great accuracy, research and devotion to our art.

It was our good fortune to hear those by Drs. Hunt, Hamilton and Hooker, and a large part of that on "The Effects of Alcoholic Liquors in Health and Disease," by Professor Mussey. Since the reception of the book we have glanced at most of the others. The names of the authors alone are a sufficient assurance that their papers will be of permanent value.

Professor Hamilton's Report on Deformities after Fracture occupies ninety-four pages, and is illustrated in a highly creditable manner. It is unnecessary to state the great importance of the subject; it is admirably treated and will add to the already enviable reputation of the writer.

Dr. Hooker's Report on the Diet of the Sick contains a vast deal of very judicious comment and instructive remark.

Dr. Mussey's Report covers only fifteen pages; it is carefully prepared, and takes ground against the use of alcohol entirely, in health, and nearly so in disease. How much favor all his views will secure we cannot say. Lately, on the other side of the water, we have had alcohol advocated by quite high authority as nutritive and useful. Thus do "doctors disagree." For our own part, while we are far from being inclined to excuse the least excess, we certainly believe that Providence has made nothing in vain, and that no one can argue from the *abuse* against the *use*; nor do we quite concur in classing alcohol, at least in certain of its forms, with "arsenic, strichnia," &c. In some diseased conditions Dr. Mussey allows its efficacy,—but it is for him only the medicinal efficacy of a "poison," not remedial by any more kindly action. It does seem to us that while there may be danger in the case of certain persons using alcohol, either in health or disease, in many instances of the latter nothing else will fulfil the indications; however, those who can drink nothing spirituous, not even wine, without going to excess, should certainly abstain. "Teetotalism," however, is an absolute, while "temperance" is a relative, term; a teetotaler is not, and cannot be, *temperate*, accurately speaking, because he is not tried.

We have found a great deal that is very valuable in other parts of the volume, the whole of which is exceedingly creditable to the Association as a body, and to the gentlemen so largely contributing. The "Prize Essay on the Statistics of Placenta Prævia," well deserves the reward it obtained, and the paper is a lasting monument of the industry and tact of the author. The more such undertakings are similarly carried out, the greater will be the gain both to the profession and to the public. We are glad to see that this valuable essay is issued in a separate form.

With its present prospects and past history the Association may well be satisfied, and we see no reason why each year should not give still more ample occasion for gratification and honest pride. We suppose that there has been full provision by payment of dues by the members, or else the volume could not have appeared; certainly the labor of getting it up is sufficient, without the embarrassment which a neglect of paying assessments always entails.

Pronouncing Medical Lexicon, &c. By C. H. CLEAVELAND, M.D., &c. Cincinnati: Longly & Brothers. 1855. 32mo. Pp. 302.

In our last volume we noticed a "Lexicon" of similar dimensions, by Dr. D. Meredith Reese. We understand that this gentleman complains that Dr. Cleaveland has substantially re-printed his work, and that he is about to prosecute him for an infringement of the copyright. We have compared the two "Lexicons," and find that the charge is to some extent true. A considerable number of the definitions in Dr. Cleaveland's work are exactly the same as those in Dr. Reese's. On the other hand, many are quite different, and Dr. C.'s dictionary contains a large number of articles which are not to be found in that of Dr. Reese; in fact, although some words are omitted by the former author which are given by the latter, yet the "Lexicon" of Dr. Cleaveland has decidedly the advantage in point of copiousness. A new feature in the work is the pronunciation of the medical terms according to the Phonetic system. Considering the very small number of readers who are enabled to avail themselves of this aid, without more labor than most persons are willing to bestow, we regard this as a useless appendage. Both this work and that of Dr. Reese are quite inferior to Hoblyn's, except in point of bulk, and the difference in this respect is not enough to make it of importance.

The Anatomical Remembrancer, or Complete Pocket Anatomist. Second American, from the Fourth London Edition. With Corrections and Additions, by C. E. ISAACS, M.D., Demonstrator of Anatomy in the University of New York. New York: Samuel S. & William Wood. 1855. 12mo. Pp. 265.

THIS little manual will be found of great utility to the medical student, being of such a size as to be easily carried in the pocket, for reference in the hospital, lecture-room, or dissecting-room. In the present edition several errors have been corrected, and some additions have been made, chiefly on the subject of hernia. It is for sale in Boston by Burnham Brothers, 58 and 60 Cornhill.

A Conspectus of the Pharmacopæias, &c. By ANTHONY TODD THOMSON, M.D., F.R.S., &c. Seventh American Edition, much enlarged and improved. Edited by CHARLES A. LEE, M.D., Professor of General Pathology and Materia Medica in Geneva Medical College. New York: S. S. & W. Wood. 1856. 32mo. Pp. 322.

"THOMSON'S CONSPECTUS" is so well known and appreciated that it is superfluous for us to say any thing in its praise. It has passed through thirteen editions in London, and seven in this country. The present one contains above twenty pages additional matter by Dr. Lee. We only add, for the benefit of students and the younger members of the profession, that it is a most valuable epitome of all that relates to the Materia Medica. For sale in Boston by Burnham Brothers.

A Plea for the Establishment of Veterinary Colleges in the United States.
By JAMES BRYAN, A.M., M.D.

We have already expressed our opinion of the importance of veterinary science, and of the urgent necessity which exists for the establishment in this country, of well-conducted institutions for its study. Dr. Bryan's pamphlet (originally printed in his Journal), will be read with pleasure by all who are interested in this subject.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1855.

THE LATE COMMISSION ON LUNACY — THE LEGISLATURE AND THE PROFESSION.

In our last volume, we noticed at some length the valuable labors of the Commissioners upon Lunacy, whose Report, so liberally supplied by the Legislature, is in the hands of all our readers in Massachusetts, and of many in other States. Quite lately, Dr. Jarvis has published in our pages a letter of acknowledgement to the Profession for the warm interest taken by its members in the project he had so much at heart, and which he has so admirably executed.

We cannot let the subject pass without a few more words of comment. The facts brought to light by the Commissioners proved to be an appeal, whose eloquence, louder than words, and more effective than any oratory, has wrought alike upon the minds and hearts of those whose action was needed. In no other way, indeed, could the results, upon which every one must look with pride and gratitude, have been obtained. It was only necessary to offer the convincing proof adduced by the Commission, to an appreciating body of men—the labor was great, but it has been well rewarded in the attainment of its objects to an extent which we believe the most sanguine could hardly have expected.

It may be well to advert, briefly, to certain of the facts which have come to our knowledge.

For a period of *seventeen* years there had been no new hospital prepared for the rapidly increasing numbers of the insane in Massachusetts, and no new accommodations, even, for six years, when a large and respectable Commission, after a careful and laborious survey, represented the necessity of action to the legislature of 1849, presenting facts sufficient to make their statements valid throughout. The appeal was fruitless, and nothing more was done till 1851, when the Taunton Hospital was decreed. It was built, and *filled* almost as soon as erected. Its occupancy dates back to April, 1854.

Within a year after this was effected, a proposition was put forward for a third hospital, grounding the application upon the array of undeniable facts which the Commission ascertained from the medical profession, in their recent survey of the State, and which showed the great number of the insane yet unprovided for, and their probable increase; and demonstrated the imperative necessity of further accommodations.

The proposition was received with favor, and found active friends in both branches of the Legislature; the Committee on Charitable Institutions took charge of the Commissioners' Report, after having had it read to them in manuscript by one of the Commissioners. From the fact that it covered 350 pages, it may be imagined that much time was occupied in reading and hearing it. In fact, the Committee devoted several evenings to it with great cheerfulness. They were satisfied with its assertions (all ratified by figures), consented to its proposals, and recommended them to the Legislature for acceptance and fulfilment, and also that a large edition be printed for circulation throughout the State. The Legislature subsequently ordered the Report to be laid upon the table for further consideration, and

also that, in addition to the usual number of 1600 copies stricken off, 5,000 should be printed; thus showing their entire appreciation of its value and pressing importance. Afterwards, 3,500 additional copies were ordered for the use of the Commission, and as many to be bound as were necessary for distribution among the physicians of the State, &c. In all, 10,100 copies were issued.

So fully were the members of the Legislature impressed with the undeniable need of all that was proposed by the Commission, that when the matter came up for decision and the voting of appropriations, there was no debate at all; no speeches for or against the measure; all were prepared to support it, and through every stage of the progress of the measure there was no dissenting voice or vote. There was not even a doubt manifested or a question raised, publicly, at any rate, as to its propriety. Truly this was a most gratifying thing to the Commissioners, who had toiled so well in a good cause, sadly neglected for so long a time! Even the Governor, who had feared that the Treasury was already exhausted, and felt that he could sanction no more grants except such as were imperiously demanded, said that such an array of facts required his signature.

Not only was the law passed establishing this third Hospital, but the conditions, and the manner of imposing them, were altogether the most favorable. The bearing of the Legislative Committee, and of the members at large, towards the Commissioners (who in this case represented the Medical Profession), was a matter of peculiar satisfaction. The most agreeable relations were established. The Commissioners were requested to draw up a bill expressing their views; the Committee on Finance, without hesitation, asked how much money would be required for the purposes desired to be effected, and at once accepted the stated sum (\$200,000); the Legislature unhesitatingly voted it, and the Hospital was established.

This is one of the freest and most liberal grants ever made in this State or elsewhere for charitable purposes. When the Worcester Hospital was created, small grants were made at different times. In the case of the Taunton Hospital, one half the requisite sum, only, was ordered at first; thus the building and other operations were materially cramped and delayed. In the instance of the third Hospital, however, the whole \$200,000 was granted and made available at once; the Building Commissioners knew the whole extent of their means, and that they were sufficient for all their purposes. These results are due to the confidence which the Legislature and men of influence have in the medical profession, and which each member placed in his own physician and others of his acquaintance, who he knew had contributed a part of the facts, and had apparently sanctioned the conclusions drawn from them.

The efforts of the Commission set the machinery in motion which operated so widely and so well; and the willing concurrence of the medical men of the State was most effectual and gratifying.

As this is the first time that our whole (State) profession has appeared before the Legislature, and as in this they have been completely successful, it is a matter for congratulation, both on account of their almost universal co-operation and also of the manifest hold they have upon the confidence of the people and of those who represent them in the government. And it should furthermore encourage physicians to unite and exert themselves in any cause worthy of such an effort. How many such there are, and how much might be effected by the combined wisdom and strength of a profession, the vast majority of which is actuated by motives of the purest philanthropy!

The examples we have in the zeal and efficiency displayed by the Commissioners upon Lunacy, and in the noble concurrence of the Massachusetts Legislature of 1855, are, in their views and wishes, worthy of universal admiration and imitation.

PROPAGATION OF YELLOW FEVER.

WE notice in a Mobile paper, an excellent letter, copied from the New York Journal of Commerce, on the subject of yellow fever, intended to answer the arguments of those who assert that the disease is spreading northward, and that in a few years the large cities in this section of the country will be subject to visitations like that which has desolated Norfolk and Portsmouth, in Virginia. The writer states, that although yellow fever, like other epidemics, is migratory in its invasions, it observes no particular direction in its course, in a given succession of years. It does, however, present this remarkable feature, in common with cholera, and many other epidemic diseases, that it every where respects *sanitary improvements*; and where sanitary and police regulations are neglected, the disease is most apt to prevail, provided that certain other conditions are present, namely, an elevated and humid state of the atmosphere, and solar radiation, acting on decaying vegetable matter, or freshly exposed earth.

The reason why yellow fever does not always prevail in certain localities, is that a combination of these conditions is necessary to its production. In Norfolk, in addition to the state of the atmosphere, which is generally hot and moist during the summer, the other conditions were supplied during the past season, by the removal of certain old wharves, which were in a rotten condition, and by the filling up of hollows with offensive soil from the bottom of the shallow stream near Portsmouth. This combination can in many places be easily prevented, especially in northern cities, and even in Norfolk, there is every reason to believe that an ordinary observance of sanitary laws would have greatly mitigated, if not wholly prevented, the recent pestilence in that city.

With regard to the question of *contagion*, the writer observes, one thing is universally admitted, that if a case of yellow fever be carried from a place where it prevails to a healthy atmosphere, no one fears its propagation; were it otherwise, the flying inhabitants of Norfolk would have infected the whole country, for hundreds of miles. It is only when the poison meets with a certain combination of favorable circumstances, that there is danger of its spreading into an epidemic.

AMERICAN SURGEONS—THEIR STANDING IN EUROPE.

WE copy from the "Foreign Correspondence" in a late number of the New Hampshire Journal of Medicine, the following tribute to the skill of American surgeons, which, coming from so eminent an authority, is highly gratifying. It will be remembered that the report of Dr. Kimball's case first appeared in our pages.

"The two most prominent men in the Medical Faculty of Berlin are, probably, Langenbeck and Von Graefe. The former, the successor of Diefenbach, as a surgeon, is second to no one in Europe, and his name is now quoted as the first surgical authority of Germany. The few American surgeons who have visited this city and made his acquaintance, will always remember the attention with which he receives our countrymen, and the pleasure and instruction which his conversation and public clinics afford. In personal appearance, Prof. Langenbeck is altogether prepossessing. He is

a slight built man, of about forty years, of a thoughtful countenance, and wearing the look of one who is constantly active but never exhausted. He speaks English perfectly, and often refers to the labors of English surgeons with evident admiration.

"I was surprised to find him so well acquainted with the names and success of the distinguished men of his profession in America. While spending an evening lately at his beautiful residence in the Thier Garten, he took occasion to express himself in the warmest manner in regard to Drs. Pancoast, Mott, Carnochan, Mussey and Warren. He spoke of Mr. Guthrie's first idea of chloroform, and the discovery of the application and advantage of ether in surgery, as entirely originating with us. He praised the success of our surgeons in many operations, in which those of Europe are quite unfortunate; and I remember his speaking, in particular, of the operations of his personal friend, Dr. Kimball of Lowell, in abdominal surgery, as being altogether unsurpassed upon the continent. Dr. Langenbeck has had but seven cases of ovarian tumor in which he has performed the long Cæsarian section, and five of these died of secondary peritonitis. In none of them was there any thing to counter-indicate the operation. Dr. L. thinks that the influence of climate is of great weight in the success or failure of this class of cases. It is worth a remark, that Dr. Langenbeck's uncle was successful in extirpating one uterus, but this was taken out below, and not by the abdominal section. He regards the celebrated case of Dr. Kimball as unprecedented in surgery."

NEW SUPERINTENDENT OF THE STATE LUNATIC ASYLUM.

WE learn from the *Traveller*, that at a meeting of the Trustees of the State Lunatic Hospital at Worcester, on the 11th inst., Merrick Bemis, M.D., was unanimously elected Superintendent of the Institution, in place of Dr. Chandler, who resigned. Dr. Bemis has held the office of Assistant Physician to the Hospital for the last seven years, and is eminently qualified for the arduous and responsible office to which he has been elected.

Books, &c., Received.—A Classification of Tumors confounded under the name of Cancer. By Paul Broca. Translated by Geo. A. Otis, M.D.—Essay on Dental Surgery, for Popular Reading. By Geo. Watt, D.D.S., M.D. Cincinnati.—Address, introductory to the Course of Lectures in the St. Louis Medical College. By Charles A Pope, A.M., M.D., Professor of Surgery. St. Louis, 1855.—An Introduction to Practical Pharmacy, &c. By Edward Parrish, Principal of the School of Practical Pharmacy, &c. Philadelphia, 1856. (From Ticknor & Fields.)—The Practitioner's Pharmacopeia and Universal Formulary, containing 2000 Classical Prescriptions, &c. By John Foote, M.R.C.S., Lond. With corrections and additions by an American Physician. New York. Samuel S. & William Wood. (From the Publishers.)—Valedictory Address to the Graduating Class, at the fifty-second Commencement of Castleton Medical College. By S. G. Perkins, M.D. Rutland, 1855.—Epidemics and Quarantine. A Lecture, introductory to the Winter Course at the New York Medical College. By Horace Greene, M.D., LL.D., President of the Faculty, &c. New York, 1855.—A Plea for the Establishment of Veterinary Colleges in the United States. By James Bryan, A.M., M.D.—Transactions of the New Hampshire Medical Society, for 1855.—An Introductory Address, delivered before the Class of the Medical Department of the University of Nashville. By John M. Watson, M.D., Professor of Obstetrics and the Diseases of Women and Children.

DIED.—In Natchitoches, La., 23d ult., Dr. Henry D. Wakefield, formerly of this city.

Deaths in Boston for the week ending Saturday noon, Dec. 15th, 78. Males, 38—females, 40. Accident, 1—apoplexy, 2—asthma, 1—burns, 1—congestion of the brain, 2—cancer in the neck, 1—consumption, 12—convulsions, 2—croup, 6—dropsy, 1—dropsy in the head, 5—debility, 2—infantile diseases, 6—puerperal, 2—dyspepsia, 1—erysipelas, 2—typhoid fever, 1—rheumatism, 1—disease of the heart, 3—hemorrhage, 1—inflammation of the lungs, 7—marasmus, 1—measles, 5—palsy, 1—purpura, 1—disease of the spine, 1—smallpox, 4—disease of stomach, 1—teething, 4. Under 5 years, 40—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 56—Ireland, 15—England, 2—Scotland, 1—British Provinces, 3—Germany, 1.

Society for the Relief of the Widows and Orphans of Medical Men—No Dinner.—The twelfth annual meeting of this Society was held in one of the rooms of the College of Physicians and Surgeons. The President (Dr. Isaac Wood) occupied the Chair. The minutes of the several meetings for the past year were read by the Secretary and adopted.

The report of the Treasurer was also read and adopted. From it we learn that the funds on hand amount to \$18,689 41; \$18,200 are invested in bonds and mortgages, at 7 per cent. interest, and the balance in the treasury amounts to \$489 41. Received for the last year, from every source, \$2,664 87; disbursements, \$240 75; number of members, 87—47 of whom are life members, and 10 members have joined within the last year; 7 life members made themselves benefactors by paying \$50 each, and two gentlemen became benefactors by paying \$150; one of those gentlemen was a layman; the present number of benefactors is 18—4 of whom are laymen; the Society has received a bequest of \$400.

A ballot was taken for the election of officers, when the following were re-elected:—

President—I. Wood, M.D. *Vice Presidents*—James Anderson, M.D., G. P. Cammann, M.D., H. D. Bulkley, M.D. *Treasurer*—Edward L. Beadle. *Secretary*—J. W. G. Clements.

The following Board of Managers were also elected:—Drs. J. L. Van Kleek, Benjamin Ogden, J. R. Wood, Jacob Harsen, S. P. White, I. E. Taylor, T. M. Halstead. Dr. Detinold was elected to fill a vacancy which had occurred in the Board of Managers by the decease of a member.

The usual anniversary dinner of the Society will be dispensed with this year.—*N. Y. Times*.

Trial for Mal-practice.—The second trial of Dr. Snell, of Brooklyn, L. I., for mal-practice, has recently terminated in a verdict of \$3,000 for the plaintiff, being an addition of \$1,000 to the damages rendered at the last trial. The case was one of gangrene of the hand, with loss of several of the fingers, following a fracture of the humerus, near the elbow-joint, and caused, as the plaintiff alleges, by the pressure of bandages, too tightly applied, and allowed to remain on too long. The principal witness was Dr. Willard Parker. The verdict appears, from the report of the trial, to be just.

Strange Hallucination.—At a sale of the estate of the late Samuel Pointer, in Halifax County, the sum of \$600 was paid for a *mad stone*—a mineral, supposed to have wonderful healing virtues.—*Richmond Whig*.

Treatment of Paronychia.—The following lotion is highly recommended by Dr. Brown, of Chatham, as an abortive treatment of this painful affection. Take of calcined alum, 3 grs.; sulphate of zinc and acetate of lead, 2 grs. each; water, 1 oz. M. Make a lotion, to be applied warm.—*London Lancet*.

Enemata of Borax in Diarrhae.—Dr. Bouchut, physician to the *Hopital Sainte Eugenie*, has employed enemata of borax with success, in idiopathic diarrhoea of young infants, in the following proportions:—Sweetened water, 5 ozs.; borate of soda, 1 1-2, to 3 1-2, or 5 drachms.—*Gazette des Hopitaux*.

Fatal Poisoning from Diseased Meat.—The family of Mr. Fox, residing at No. 149 First Avenue, were recently poisoned by eating diseased mutton, purchased by Mrs. Fox, on Wednesday of last week, at Washington Market. It appears that the leg of mutton was boiled on Thanksgiving day, but not partaken of until the following Saturday, when Mrs. Fox, her two daughters and a female visitor ate some soup which had been prepared from it on that day, and were soon taken sick. Drs. Downes, O'Rorke and Brady were called in, and administered medicines, which gave relief; but the cause of the sickness was not attributed to the mutton. On the following Wednesday, the meat remaining was made into a hash, and partaken of by the whole family, all of whom were immediately taken sick, and on the following day Mrs. Fox died. Before her death she stated where she had purchased the mutton. Dr. O'Rorke made a *post-mortem* examination of the body, but found no poison; the contents of the stomach will, however, be subjected to chemical analysis. Efforts are being made to ascertain from whom the diseased meat was purchased.—*N. Y. Daily Times*, Dec. 8.